AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Hitoshi Suzuki, et al.						Docket No. 16987		
Application No.	Filing Date	Examiner		Customer N	Vo.	Group Art Unit	Confirmation No.	
10/650,615	August 28, 2003	Dilek B. Cobanoglu		23389		3626	8298	
Invention: HOSP	Invention: HOSPITAL INFORMATION SYSTEM							
COMMISSIONER FOR PATENTS:								
Transmitted herewith is an amendment in the above-identified application.								
The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	CLAIMS REMAINING	HIGHEST #	NUMBI	ER EXTRA		RATE	ADDITIONAL	
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RAIE	FEE	
TOTAL CLAIMS	10 -	39 =		0	х	\$52.00	\$0.00	
INDEP. CLAIMS	7 -	11 =		0	х	\$220.00	\$0.00	
Multiple Dependent Claims (check if applicable)							\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENE					OMENT	\$0.00		
 No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 191013 ☑ Any additional filing fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 								
/Thomas Spinelli/ Signature				Dated: February 2, 2010				
Thomas Spinelli Registration No.: 3		I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)						
cc:		Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence						